



358 Washington Street,
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Director: Marlene J. Yeo

SCNE/CCF BASKETBALL & CREATIVE ARTS CAMP REGISTRATION and RELEASE/EMERGENCY MEDICAL FORM

(Please complete individual forms for each child you are registering)

I give my permission for _____, Age: _____, to participate in all activities provided during the Basketball & Creative Arts Camp located at 358 Washington Street, Haverhill, MA 01832 taking place Friday, August 2nd through Saturday, August 3rd.

I understand that Somebody Cares New England and CCF Ministries are Christian organizations and that there will be Bible references throughout the event.

Although Somebody Cares New England (SCNE) and CCF Ministries desire to provide a safe and enjoyable time for all participants, accidents can still happen. I/we understand that there are risks/dangers involved with participation in the associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the activities. I/we agree to hold harmless SCNE and CCF Ministries and its affiliated organizations, employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that SCNE and CCF Ministries can assume no financial liability beyond its actual liability insurance policy in force.

In case of an accident, illness, or other emergency, I/we request that SCNE & CCF contact me. If SCNE & CCF cannot reach a parent/guardian after conscientious effort, I/we give permission for SCNE & CCF staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for SCNE & CCF staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

 Parent/Guardian SIGNATURE AND DATE

 Parent/Guardian NAME PRINTED

Please select **only one** of the following that your child will be participating in: **Basketball Camp** ___ **Creative Arts Camp** ___

PRIMARY CARE PHYSICIAN		PHONE#	
DENTIST		PHONE#	
HEALTH INSURANCE CARRIER		POLICY#	
SUBSCRIBER NAME		RELATIONSHIP TO CHILD	
ALLERGIES (INCLUDE REACTIONS TO FOOD and MEDICATION)			
MEDICATION BEING TAKEN			
PREFERRED HOSPITAL		DATE LAST TETNUS SHOT	
ARE THERE ANY PHYSICAL OR MEDICAL CONDITIONS WE SHOULD KNOW ABOUT NOT PREVIOUSLY STATED?			
CHILD'S HOME ADDRESS			
		HOME PHONE#	
FATHER'S WORK#	FATHER'S CELL#	FATHER'S PAGER#	
MOTHER'S WORK#	MOTHER'S CELL#	MOTHER'S PAGER#	
IN CASE OF EMERGENCY, LIST NEAREST RELATIVE OR FRIEND WHO WE CAN CONTACT IF WE CAN'T REACH YOU.			
NAME	HOME PHONE#	WORK OR CELL#	

If necessary, use reverse side of form for additional information.